MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH \_\_\_\_\_Primary Registration District No. Registration District No. \_Registrar'a<sup>[</sup>No: DO NOT WRITE AMENDED ON THIS STUB FILED JUL 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY VS 300 a. STATE b. COUNTY AMENDED admission) Rev. 4/59 64 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 16 c. CITY Inside Limits TOWN TÖWN Yes | No | c. FULL NAME OF (If NOT in hospital, give location Inside Limits d. STREET Reside on Farm HOSPITAL OR **ADDRESS** Yes | No | Yes D No D 0 3. NAME OF DECEASED Middle Last DATE Year (Type or print) IF UNDER 24 HR 0 AGE (last birthday) | IF UNDER 1 YEAR COLOR OR RACE 7. Married 📑 Never Mapried 🗀 Hours Months Days Widowed 🗗 Divorced I 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13% FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE FOLL 0 UNKNOWN PORGE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Ş (Yes, no. or unknown) (If yes, give war or dates of ser WBLIC. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY: ₹ ONSET AND DEATH DOCUMEN' 10 IMMEDIATE CAUSE (a) 尚 11 INSTEAD Conditions, if any. DUE TO (b) which gave rise to THIS above cause (a), stating the under-13 DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female 9 there a pregnancy in last 90 days. disease condition given in PART I (a) ☐ Yes □ No ☐ Unknown AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HOMICIDE WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE П YES | NO D Month, Day, Year 20c. TIME OF Hour RIBBON INJURY p.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bldg., etc.) COUNTY STATE 20d. INJURY OCCURRED
WHILE AT WORK |
NOT WHILE AT WORK | 8 *TYPEWRITER* SHOULD READ and last saw her alive on. 21. I attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred (Degree or 占 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY Š DATE RECD. BY LOCAL REG. ITEM

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Corley / Mingran
Signature of Student Embalmer	Licensed Embalmer No. 486
	P. O. Address If Jours 19, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.